



**26<sup>th</sup> NORTHEAST REHAB SYMPOSIUM**  
**Updates for Clinical and Legal Practice**  
**ATTENDEE REGISTRATION**

**Date:** Thursday, October 5, 2023

**Time:** 8:00AM – 4:30PM

**Location:** The Hotel & Conference Center at Mohegan Sun  
 1280 Highway 315, Wilkes-Barre, PA 18702

**Cost:** \$75.00

**REGISTRATION DEADLINE: September 29th 2023** (guaranteed when payment received)

Company Name: _____	Today's Date _____
Attendee Name: _____	
Title: _____	
Address: _____ _____	
City/State/Zip Code: _____	
Phone: (____) _____ - _____	Fax: (____) _____ - _____
E-mail: _____	
CREDITS: Applying for 5.5 Credits (please check which credits you require):	
<input type="checkbox"/> Nursing Contact Hours <input type="checkbox"/> CCM <input type="checkbox"/> CDMS <input type="checkbox"/> CRC <input type="checkbox"/> CLE	
OPTIONAL CREDIT: Applying for 1.0 Credits-ethics (please check if you plan on attending from 3:30 to 4:30)	
<input type="checkbox"/> Nursing Contact Hours <input type="checkbox"/> CCM <input type="checkbox"/> CDMS <input type="checkbox"/> CRC <input type="checkbox"/> CLE	

**REQUEST FOR SPECIAL ACCOMMODATIONS:**

Disability requiring special services   
 Special dietary needs   
 Explain: \_\_\_\_\_

**PAYMENT:** \*Refunds will be issued up to 2 weeks before the symposium (less a \$10.00 cancellation fee per individual).

**CHECK ENCLOSED**

**Please make checks payable to: Northeastern Rehabilitation Associates, P.C.**

Attn: Bill Dempsey, 5 Morgan Highway, Suite 4, Scranton, PA 18508

**CREDIT CARD PAYMENT:**

**Email or Fax completed form to [wdempsey@nerehab.com](mailto:wdempsey@nerehab.com) or 570-969-9280 (Attn: Bill Dempsey)**

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ CVV#: \_\_\_\_\_  Visa     MC     DISC

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PAYPAL PAYMENT (PROCESSED ON OUR WEBSITE: WWW.NEREHAB.COM)**

**Question: Please contact Bill Dempsey at [wdempsey@nerehab.com](mailto:wdempsey@nerehab.com) or 570-344-3788 ext. 320**

<b>For office use only:</b>			
GM/Date: _____	EXCEL/Date: _____	CONF Email/Date: _____	ETHICS CREDIT OPTION _____